



FORM  
GD1  
(Rev. 5/2013)



# HAWAII STATE ETHICS COMMISSION GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due by June 30)

'13 JUN 28 A10:51

STATE OF HAWAII  
STATE ETHICS COMMISSION  
N. J.

## FILER

Chun Oakland

Last Name

Suzanne

First Name

M.I.

Hawaii State Legislature

State Agency

State Senator, Senate District 13

State Position

## CONTACT INFORMATION

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Zip Code

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Telephone

Extension

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Email Address

## GIFT INFORMATION (LIST EACH GIFT SEPARATELY)

1. Donor: none Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
2. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
3. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
4. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_
5. Donor: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Gift (Description): \_\_\_\_\_ Value/Cost: \_\_\_\_\_

☐ Check here if additional sheets are attached

## FILER

*Suzanne N. J. Chun Oakland*

Suzanne N. J. Chun Oakland

Print Name of Filer (First M.I. Last)

6/28/2013

Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Filer" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.

REC'D BY HAND DELIVERY